Effective October 1, 2003 10 - 59 8 4 7 0														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS)	(Coldinii 1)		(Coldinii 2)		1				OR 7			
EOR			AHAMPER 5" 50					RATE	_	FEE	\blacksquare	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 3	85.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		·	X\$ 9:	=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X43=			OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				+145		_		OR	+290=		
* If	the difference	e in column 1 is	less than z	ss than zero, enter "0" in co				TOTA	4		OR	TOTAL		
CLAIMS AS AMENDED - PART II											JOIN	OTHER	THAN	
8	-31-06	(Column 1)		. (Colum		(Column 3)	_	SMAL	L EN	TITY	OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	· 24	Minus	** Q	0	=		X\$ 9=		\checkmark	OR	X\$18=		
AME	Independent	* 2	Minus	*** 3]= -		X43=	7	D .	OR	X86=	Ø	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			+145=	1		OR	+290=		
								TOTA			 	TOTAL		
		P	ADDIT. FE	E L		OR ,	ADDIT. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus			=		X43=	T		OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM	ـــاــا		+145=	1		OR	+290=		
								TOTAL			L CP	TOTAL		
		(Column 1)	(Colum		n 2) (Column 3)		ADDIT. FE		:		Δ	DDIT. FEE		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		į	OR	X\$18=	-	
ME	Independent	*	Minus	***		=	上	X43=	1			X86=	1 1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 		OR			
* if	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE **Total ADDIT. F														
	PTO-875 (Pey 10)		FUI (10tal of	muepengen	ı, ıs tne			d in the ap						

Application or Docket Number